Revision: HCFA-PM-91-4
AUGUST 1991

State: New Hampshire

Citation

Condition or Requirement

X
For optional State supplement recipients in section 1902(f) States and SSI criteria States

without section 1616 or 1634 agreements-
SSI methods only.

SSI methods and/or any more liberal method: than SSI described in Supplement 8a to ATTACHMENT 2.6-A.

X Methods more restrictive and/or more liberation SSI, except for aged and disabled individuals described in section 1902(m)(1

In determining relative financial responsibility, the agency considers only the income of spouses living the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.

of the Act. More restrictive methods are described in <u>Supplement 4 to ATTACHMENT 2.6-A</u> and more liberal methods are specific in <u>Supplement 8a to ATTACHMENT 2.6-A</u>.

Mr.

\* State Plan Amendment TN No. 89-08 is pending; see supplements 8a and b.

TN No. 91-23
Supersedes
TN No. 88-2
Approval Date 11/01/91

HCFA ID: 7985E

Page 11a

The methods of the approved title IV-E plan.

The methods of the approved AFDC State plan and/or any more liberal methods described in

The methods of the approved title IV-E plan and/or any more liberal methods described in

Supplement 8a to ATTACHMENT 2.6-A.

Supplement 8a to ATTACHMENT 2.6-A.

STATE	PLAN UNDER	TITLE	XIX OF	THE S	SOCIAL	SECURITY	ACT
State:	New Hamp	shire					
***************************************	ELIGIBILITY	CONDI	TIONS A	ND RE	QUIREM	ENTS	
Citation(s)	Co	onditio	on or R	equir	ement		
1902(1)(3)(E) and 1902(r)(2) of the Act	е.	child child sect and (1)	dren. dren co ions 19 1902(a) The fo determ	For p vered 02(a) (10)( llowi ining	regnan under (10)(A A)(ii) ng met count	t women a the prov )(i)(IV), (IX) of t hods are able inco	used in

## **OFFICIAL**

TN No.	92-5						01-01-92
Supersed	es	Approval	Date	MA	Effective	Date	01-01-92
TN NO	91-23						

### FEBRUARY 1992

STATE	PI.AN	UNDER	ጥተጥተ.ድ	XTX	OF	THE	SOCTAT.	SECURITY	ACT
DINIE	E LIMI	ONDER		$\mathbf{v} + \mathbf{v}$	01	1111	SOCIAL	DECORTIT	$n_{CI}$

State:	New Hamps	shire					
	ELIGIBILITY	CONDI	rions 1	AND	REQUIREMENTS		
Citation(s)	С	onditio	on or 1	Requ	irement		
		(2)	respondent the income income	nsib ncom hold e of g wi	dining relative faility, the agence of spouses lived as available to parents as available to parents until	y considers on ing in the sam spouses and t lable to child	he he
1902(e)(6) of the Act		(3)	eligi 1902( regar famil 60-da any r	ble a)(1 d to y of y pe ema:	cy continues to to under the provise 10) of the Act as a any changes in the which she is a criod after her prining days in the falls.	sions of sections eligible, with income of the member, for the pregnancy ends	hout ne and
1905(p)(1), 1902(m)(4), and 1902(r)(2) of the Act	f.	dete Medi 1902	rminin care b	g co ene: ))(E	icare beneficiari buntable income f ficiaries covered )(i) of the Act, sed:	or qualified under section	
			The m	eth	ods of the SSI pr	cogram only.	
		<u>X</u>	than	SSI	ods and/or any mo described in Suj NT 2.6-A.	ore liberal me oplement 8a to	thods
		_	For inspection	inst ifie	itutional coupled under section	s, the methods 1611(e)(5) of	the
* State Plan Anna							

\* State Plan Amendment TN# 89-08 is pending; See Supplements 8a and b.

# OFFICIAL

TN No. 92-5 Supersedes	Approval Date	MCS 1000	Effective Date	01-01-92
TN No. 91-23		13.22		

MEATRIOU:

Citation

mcra-rm- 45- 2 MARCH 1993

(mp)

ATTACHMENT 2.5-A Page 12a

State: NEW HAMPSHIRE

Condition or Requirement

If an individual receives a title II benefit, any amounts attributable to the most recent increase in the monthly insurance benefit as a result of a title II COLA is not counted as income during a "transition period" beginning with January, when the title II benefit for December is received, and ending with the last day of the month following the month of publication of the revised annual Federal poverty level.

For individuals with title II income, the revised poverty levels are not effective until the first day of the month following the end of the transition period.

For individuals not receiving title II income, the revised poverty levels are effective no later than the date of publication.

1905(s) of the Act

g. (1) Qualified disabled and working individuals.

In determining countable income for qualified disabled and working individuals covered under 1902(a)(10)(E)(ii) of the Act, the methods of the SSI program are used.

1905(p) of the Act

(2) Specified low-income Medicare beneficiaries.

In determining countable income for specified low-income Medicare beneficiaries covered under 1902(a)(10)(E)(iii) of the Act, the same method as in f. is used.

TN No. Effective Date 01/01/93 Supersedes Approval Date 92-05 TN No.

<sup>•</sup> U.S. G.P.O.: 1993-342-239:80032

October 1991

(MB)

ATTACHMENT 2.6-A Page 12b OMB No.:

State	e/Territory: New	w Hampshire		
Citation		Condition or	Requirement	
1902(u) of the Act	In determing continuation disregards  The discontinuation of the second	on beneficiaries are applied: disregards of the agency uses met be more restricted in Supplemental (O2(u)(4), costor any other type taken into a	income for CORes, the following the SSI program thousand the cive than the cive methodologies for the five methodologies at the cive than the cive methodologies for the cive methodologies are the cive than the cive methodologies are the cive methodologies.	ing  r treatment of  SSI program. gies are achment 2.6-A. ries specified om medical care l care shall ermining
TN No. 91-25 Supersedes	Approval Date	AR 1 8 1992 E	ffective Date	12/01/91
IN No				
		н	CFA ID: 7985E	E

1991

(BPD)

ATTACHMENT 2.6-A Page 13 OMB No.: 0938-

State: New Hampshire

Citation

### Condition or Requirement

1902(k) of the Act

2. Medicaid Qualifying Trusts

In the case of a Medicaid qualifying trust described in section 1902(k)(2) of the Act, the amount from the trust that is deemed available to the individual who established the trust (or whose spouse established the trust) is the maximum amount that the trustee(s) is permitted under the trust to distribute to the individual. This amount is deemed available to the individual, whether or not the distribution is actually made. This provision does not apply to any trust or initial trust decree established before April 7, 1986, solely for the benefit of a mentally retarded individual who resides in an intermediate care facility for the mentally retarded.

The agency does not count the funds in a trust as described above in any instance where the State determines that it would work an undue hardship. Supplement 10 of ATTACHMENT 2.6-A specifies what constitutes an undue hardship.

1:02(a)(10)(C) of the Act

3. Medically needy income levels (MNILs) are based on family size.

Supplement 1 to ATTACHMENT 2.6-A specifies the MNILs for all covered medically needy groups. If the agency chooses more restrictive levels under section 1902(f) of the Act, Supplement 1 so indicates.

TN No. 91-23 Supersedes TN No. \_ 87-56

Approval Date 1/27/92 Effective Date 11/01/91

AUGUST 1991

(BPD)

ATTACHMENT 2.6-A

Page 14

OMB No.: 0938-

State: New Hampshire

Condition or Requirement

42 CFR 435.732, 435.831

Citation

4. Handling of Excess Income - Spend-down for the Medically Needy in All States and the Categorically Needy in 1902(f) States Only

#### a. Medically Needy

- (1)Income in excess of the MNIL is considered as available for payment of medical care and services. The Medicaid agency measures available income for periods of either 1 6 month(s) (not to exceed 6 months) to determine the amount of excess countable income applicable to the cost of medical care and services.
- If countable income exceeds the MNIL (2) standard, the agency deducts the following incurred expenses in the following order:
  - Health insurance premiums, deductibles and (a) coinsurance charges.
  - Expenses for necessary medical and remedial (b) care not included in the plan.
  - Expenses for necessary medical and remedial (C) care included in the plan.
    - Reasonable limits on amounts of expenses deducted from income under a.(2)(a) and (b) above are listed below.

1902(a)(17) of the Act

Incurred expenses that are subject to payment by a third party are not deducted unless the expenses are subject to payment by a third party that is a publicly funded program (other than Medicaid) of a State or local government.

92-20 TN No. Approval Date Supersedes TN No. 91-23

Effective Date December 1, 1992

HCFA ID: 7985E

Revision: HCFA-PM-91-8 (MB)
October 1991
Page 14a
OMB No.
State/Territory: New Hampshire

Citation

Condition or Requirement

a. Medically Needy (Continued)

1903(f)(2) of the Act

\_\_\_ (3) If countable income exceeds the MNIL standard, the agency deducts spenddown payments made to the State by the individual.

TN No. 91-25 Supersedes TN No. --- Approval DateMAR 1 8 1892

Effective Date 12/01/91

HCFA ID: 7985E/

**AUGUST 1991** 

(BPD)

ATTACHMENT 2.6-A

Page 15

OMB No.: 0938-

New Hampshire State:

Citation

Condition or Requirement

42 CFR 435.732 b. Categorically Needy - Section 1902 (f) States

The agency applies the following policy under the provisions of section 1902(f) of the Act. The following amounts are deducted from income to determine the individual's countable income:

- (1) Any SSI benefit received.
- (2) Any State supplement received that is within the scope of an agreement described in sections 1616 or 1634 of the Act, or a State supplement within the scope of section 1902(a)(10)(A)(ii)(XI) of the Act.
- (3) Increases in OASDI that are deducted under \$\$435.134 and 435.135 for individuals specified in that section, in the manner elected by the State under that section.
- Other deductions from income described in this (4)plan at Attachment 2.6-A, Supplement 4.
- Incurred expenses for necessary medical and (5) remedial services recognized under State law.

1902(a)(17) of the Act, P.L. 100-203

Incurred expenses that are subject to payment by a third party are not deducted unless the expenses are subject to payment by a third party that is a publicly funded program (other than Medicaid) of a State or local government.

TN No.

Supersedes TN No. 87-5b/89-10

Approval Date

Effective Date 11/01/91

HCFA ID: 7985E

October 1991

(MB)

ATTACHMENT 2.6-A

Page 15a OMB No.

State/Territory: New Hampshire

Citation Condition or Requirement 4.b. Categorically Needy - Section 1902(f) States Continued \_\_\_ (6) Spenddown payments made to the State by 1903(f)(2) of the Act the individual.

> NOTE: FFP will be reduced to the extent a State is paid a spenddown payment by the individual.

91-25 TN No. Supersedes \_ TN No. \_\_\_\_

MAR 1 8 1992 Approval Date

Effective Date 12/01/91

HCFA ID: 7985E/